

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)					SERIAL NO.	FILING DATE							
					09155809								
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DE	IND.	DEP.	IND.	DEP.							
1	/	/	/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	3		/				57						
8	/		/				58						
9	0		/				59						
10	0		/				60						
11	0		/				61						
12	/	/					62						
13	/		/				63						
14	2		/				64						
15	2		/				65						
16	0		/				66						
17	0		/				67						
18	0		/				68						
19	0		/				69						
20	1		/				70						
21	0		/				71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
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32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	23	←	19	←	←	←	TOTAL DEP.	←	←	←	←		
TOTAL CLAIMS	25		21				TOTAL CLAIMS						